

2017 Benefit Plan Premiums

Health Plans	1 PARTY (Employee only)	2 PARTY (Employee + 1 dependent)	3 PARTY (Employee + 2 or more dependents)
Anthem Select HMO	\$740.23	\$1,480.46	\$1,924.60
Anthem Traditional HMO	872.91	1,745.82	2,269.57
Anthem EPO	740.88	1,481.76	1,926.29
Blue Shield Access+	830.44	1,660.88	2,159.14
Kaiser (CA)	662.92	1,325.84	1,723.59
Kaiser Out-of-State	940.67	1,881.34	2,445.74
PERS Choice (PPO)	740.88	1,481.76	1,926.29
PERSCare (PPO)	826.37	1,652.74	2,148.56
PERS Select	673.25	1,346.50	1,750.45
PORAC	699.00	1,467.00	1,876.00
CAHP***	620.79	1,205.17	1,576.26
CCPOA (No. Cal.)	691.50	1,385.69	1,870.73
CCPOA (So. Cal)	570.26	1,143.15	1,544.60
Health Net Salud y Más	475.46	950.92	1,236.20
Health Net SmartCare	692.89	1,385.78	1,801.51
Sharp	616.49	1,232.98	1,602.87
United HealthCare	686.17	1,372.34	1,784.04

Dental Plans

Delta Dental Plans

Delta Dental Premier (Basic)*	\$51.63	\$90.14	\$130.29
Delta Dental Premier (Enhanced)**	53.70	105.69	148.47
Delta PPO	47.18	91.72	138.01

Pre-Paid Dental Plans

SafeGuard (Standard)*	\$16.58	\$26.86	\$37.62
SafeGuard (Enhanced)**	16.92	28.63	35.27
DeltaCare USA	18.87	30.97	42.84
Premier Access	15.80	25.59	35.84
Western Dental	15.16	25.02	35.49

Vision Plans

Basic Plan	\$8.64	\$8.64	\$8.64
Premier Plan****	8.84	17.68	28.46

* Available to represented employees.

** Available to excluded employees.

*** For CAHP members seeking further information on CAHP plan premiums, please contact the CAHP directly. Health plan rates shown are subsidized rates for supervisory (S05) or managerial (M05) employees enrolled in the CAHP Health Benefit Trust Prudent Buyer Plan.

**** Premier Vision Plan rates include a state contribution component of \$8.64. The employee share is shown here.